SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16988

(0)

1. Corporation	on Name	(-)				
SOUTH FLORIDA CLAIMS ASSOCIATION, INC.						
000111	TEOTHER CENTRO RESCONT	110111 1110				A HARAKAN BAN KIRIN BANKAN PARAH PANAH PANAH ARAK ANDAN KIRIN BIRIN BIRIN BIRIN BIRIN BIRIN BIRIN KARI
Principal Place of Business Malling Address						F LEBELSSET RADI LITTER BYKER MENNET (A181) GIFTEL GLEDIN GLEGI, BERTIL BIRTH
C/O RONALD P. PONZOLI C/O RONALD P. PONZOLI						3. Date Incorporated or Qualified
3250 MARY ST., SUITE 302 3250 MARY ST., SUITE 302						09/24/1986
MIAMI FL 331	33	MIAMI FL 33133				4. FEI Number Applied For
						59-2646500 Not Applicable
Principal Place of Business 2a. Mailing Address						5. Certificate of Status Desired \$8.75 Additional
21		26				5. Certificate of Status Desired Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.						6. Election Campaign Financing \$5.00 May Be
22		27				Trust Fund Contribution Added to Fees
City & Sta	te	City & State				7. is this nonprofit corporation a homeowners association?
23]	(0	Zip Country				Yes No
Zíp	Country	Zip		ııry		8. This corporation owes or has paid the current year intangible
24	9. Name and Address of Current		30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	as interior and Addies of Childh	Tregistored Apolit		81	Name	IV. Teams and Address of Non Registered Agent
PONZOLI, RONALD P. 82 Street Addres					And /D.O. Day Mumber in Nat Assentable)	
3250 MAR			82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 302				83		
MIAMI FL 33183			ŀ	-	0 11 .	[65] 71. O.J.
4111 . 5				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of sections 617,0502 e	nd 617.1508, Florida Statutes, 1	he abov	e na	med corporat	tion submits this statement for the purpose of changing its registered
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familier with, and accept the obligations of, section 617.0503, Florida Statutes.						
SIGNATURE		,				
	Signature, typed or printed name of registered agent		E: Registere	d Age	int signature requir	red when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD DELETE			1.1 TITLE P/D		ympiv, Richard 6. Addition The way fragues ST Rm 4510
NAME	OLYMPIO, RICHARD G	^	1.2 NAME 1.3 STREET ADDRESS :		Dr	5 6, ASI 57 Rm 4510
STREET ADDRESS	9260 W. FLAGLER ST., RM. 6510 MIAMI FL	y	1.4 CITY-ST-ZIP		DORESS 42	6 22/74
CITY-ST-ZIP TITLE			2.1 TITLE		ZIP 1997	Change Addition
NAME	BERGQUIST, MARY					Change Addition
STREET ADDRESS						SAME
CITY-ST-ZIP	HOLLYWOOD FL			STYSTZIP SAME		
TITLE	PD	X DELETE	3.1 TIT			Change Addition
NAME	JUNCADELLA, STEVE	A percie	3.2 NA	ME	1	AD ELA! CUSAN
STREET ADDRESS 790 N.W. 107THAVE., #300			3.3 STREET ADDRESS		ا وسير DDRESS	ARELA" SUSAN
CITY-ST-ZIP	MIAMI FL		3.4 CIT	Y-ST-	ZIP m	MANNI LAKES FL 33014
TITLE	D	DELETE	4.1 TIT	LE		Change Addition
NAME	DAVIS, BOB		4.2 NA	ME		. — • • • • • • • • • • • • • • • • • •
STREET ADDRESS	6175 N.W. 153 ST., #101		4.3 STF	REETA	NDORESS	
CITY-ST-ZIP	MIAMI LAKES FL		4.4 CIT	Y-ST-Z	ŽIP	
TITLE	SD	DELETE	5.1 TITI	LE	V/	/T/D 【X】Change 【 Addition
NAME	FARLS, JOSEPH		5.2 NAJ	ME	F.1	rels, Joseph
STREET ADDRESS	1 TO 11.11. 101.11.11.11.		5.3 STR	REETA		OF SW 105 AVE
CITY-ST-ZIP	MIAMI FL		5.4 CIT		IP m	11AMI FC 33173
TITLE	D	DELETE	6.1 TIT			Change Addition
NAME	FARRELL, DANIEL		6.2 NA			
	6175 N.W. 153 ST., #401				DDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	this filing door not available - the	6.4 CIT			in 440 07/20/0 Florida Chatadas Guide
indicated	ormy mat the illiornation supplied With On this annual report or suppliemental :	uns uning opes not quality for the	exempi to and ti	uon t het n	stateu III Secti ny ekanatura (ion 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under path; that I am

5. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report, or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the concertion or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

CICNIATIDE

MATURE AND TWEE OF PUNTED RAME OF SIGNING OFFICER OR DIRECTO

Ympi o

305-552-356 Deytime Phone #

Sep 03 1998 8:00am

Secretary of State